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POSTER ABSTRACT**Goal Planning in Person-Centred Care Supports Older Adults to Attain Their Health-Related Goals**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Wanda Rietkerk¹, Ronald J Uittenbroek², Debby L Gerritsen³, Joris P J Slaets⁴, Sytse U Zuidema¹, Klaske Wynia²

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Introduction: Care for older adults should preferably be provided in a person-centred way that includes goal planning, a method to enhance patient involvement. However, little is known about the functioning of goal planning within person-centred care. Therefore, the aim of the present study is to gain insight into the processes and results of goal planning using VAS-scores, in a person-centred care setting for community-living older adults of 75-years or older.

Methods: We performed a pretest-posttest study within Embrace1, a person-centred and integrated care service. First, a comprehensive geriatric assessment was performed by case managers using the Geriatric 2, an ICF-based assessment tool. Next goals were set and goal plans were formulated for those health-related problems that were selected by the older adult, with the aim to improve these problems. For each goal, a severity score and an intended goal score were determined by the older adult. Within one year, these goals were evaluated and an obtained goal score given, again by the older adult. The characteristics of goal plans were identified, the percentage of goals attained was calculated and the results for older adults with different frailty levels and differences within goal domains were compared.

Results: In total 233 older adults were included in the study. Mean age of participants was 81.5 years SD 4.7, 68% was women, 47% was living alone, and 54% had a lower education level. In total, 836 goal plans were formulated among 233 older adults. Most prevalent were goal plans in the domains Physical health 64%, Mobility 50%, and Support 49%. Unexpected was the high prevalence of goal plans related to pain 25%. Of the goals set, 74% were fully attained, while the mean differences between intended goal scores and obtained goal scores were trivial. No difference for goal attainment was found between older adults with different frailty levels. Goals related to physical health were more likely to be attained, while goals for mobility and pain were the least likely to be attained.

Conclusion: This study showed that older adults are able to formulate and attain health-related goals through collaborative goal planning. We would recommend that future integrated care programmes for older adults incorporate goal planning methods to achieve person-centred care.

Lessons learned: Allowing the older adult to take a central role in the goal-planning process, especially in selecting the health-related problems and formulating goal plans to address these problems, and rating the VAS-scores, seems promising.

Limitations: The lack of a control group in this study might be seen as a limitation, as we were not able to account for the possibility of response shift, an adaptive strategy that allows someone to feel good about their actual health status despite deteriorating health.

Suggestions for future research: Future research should examine the effect of goal planning with VAS in person-centred care on person-reported outcome measures such as quality of life, or healthcare consumption and costs.

Keywords: older adults; goal planning; person-centred care; chronic care model; community-living
